

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>h.w.</i>	<i>68904</i>	<i>9/2/10</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>A.S.</i>	<i>373</i>	<i>10-5-53</i>
RESPONSE FORMALITY REVIEW			

Best Available Copy

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
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If more than 150 claims or 10 actions  
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